

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND							
1 Date of Request: _____		2 Serial/Patent # 10/526665					
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED				
	Filing		\$				
	Amendment		\$				
	Extension of Time		\$				
	Notice of Appeal/Appeal		\$				
	Petition		\$				
	Issue		\$				
	Cert of Correction/Terminal Disc.		\$				
	Maintenance		\$				
	Assignment		\$				
	Other		\$				
		7 TOTAL AMOUNT OF REFUND					
		\$					
		8 TO BE REFUNDED BY:					
		Treasury Check					
		Credit Deposit A/C #:					
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				--	
		--					
10 REASON:							
	Overpayment						
	Duplicate Payment						
	No Fee Due (Explanation):						
11 REFUND REQUESTED BY: _____							
TYPED/PRINTED NAME: _____		TITLE: _____					
SIGNATURE: _____		<small>Rep'n. Ref: 0772572005 PKIDWELL 0016150200</small> <small>Off: 060916</small> <small>Made/Number: 10526665</small> <small>PHONE: _____</small> <small>\$500.00 CR</small>					
OFFICE: _____							

THIS SPACE RESERVED FOR FINANCE USE ONLY:							
APPROVED: _____		DATE: _____					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: